

Mountfield Care Home Limited

The Mount Residential Home

Inspection report

226 Brettell Lane
Amblecote
Stourbridge
West Midlands
DY8 4BQ

Tel: 01384265955

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02 June 2017

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Summary of findings

Overall summary

This inspection took place on 2 June 2017 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 15 December 2016. At that inspection, we rated the service as 'good' overall with 'requires improvement' in the question 'safe' which related to some concerns regarding the administration of medication. After that inspection we received concerns in relation to staffing levels and induction for new staff, lack of access to information for staff regarding people's care needs, unlawful restrictions on people living at the home and inappropriate manual handling techniques. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mount Residential on our website at www.cqc.org.uk.

The service is registered to provide accommodation and personal care to a maximum of 18 older people who may have a diagnosis of dementia. At the time of this inspection, there were 17 people living at the home.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to take their medication but errors were found in the recording of medications which had not been identified in medication audits.

People felt safe in the home and were supported by staff who were aware of the risks to them and how to support them safely. Staff were provided with the information they required to support people safely and effectively.

Staff were provided with the information and tools required in order to ensure the correct manual handling guidelines were followed correctly.

A number of staff had recently left the service, but the majority of shifts were covered by existing staff with support from the registered manager. Efforts were being made to actively recruit new staff.

People were free to move around the home and their movements were not restricted. For those people who were being deprived of their liberty, applications had been made to the local authority. Staff obtained consent from people prior to supporting them and understood the importance of offering people choices.

New staff received an induction that provided them with the information and support they required and prepared them for their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Staff supported people using appropriate manual handling techniques. People's needs were met by sufficient numbers of staff. There were errors in the recording of medications and these could not always be accounted for.

We could not improve the rating for Safe from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

People were supported by staff who received an induction that prepared them for their role. Staff obtained people's consent prior to supporting them. People had their rights upheld in line with the Mental Capacity Act 2005.

We could not change the rating for effective at this inspection. We will check this during our next planned comprehensive inspection.

Good ●

The Mount Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focussed inspection on 02 June 2017. The inspection took place in response to some concerns that were brought to our attention regarding the service provided. These concerns related to staffing levels and support for new staff, lack of access to information regarding people's care needs and restrictions on people living at the home and inappropriate manual handling. This inspection focussed on two of the five questions we ask about services: is the service safe and effective?

The inspection was carried out by one inspector.

We reviewed the information we held about the home. We also spoke with colleagues from the local authority who fund a number of people's placements at the home.

We spoke with three people living at the home and three relatives. We also spoke with the registered manager, the deputy, three members of care staff, a visiting healthcare professional and the hairdresser who visited the home on a regular basis.

We looked at the care records of three people living at the home, training records, four medication records, staff rotas and medication audits.

Is the service safe?

Our findings

We received concerns about the staffing levels in the home. People spoken with told us they thought there were enough staff to support them. We observed there were two staff on shift when we arrived. The registered manager arrived shortly afterwards and another member of staff was on shift from 10.00 am. A relative said, "I know four staff have left in the last few weeks. Sometimes there is only two of them [staff] in the morning, but people are still dressed, still clean and had breakfast". Another relative said, "It's hard to tell if there are enough staff, I visit for an hour, but it's all been ok as I've found it, no problems at all", and another said, "You can't have one to one [staff levels], but [relative] is as safe as." A member of staff told us, "There is me and [deputy manager's name] on this morning, so we are a bit slower, but [care staff name] will be in and [registered manager's name] comes on the floor. We always make sure the residents are safe. Always make sure if we double up to support someone, that there is someone in the lounge" and a relative spoken with confirmed this. We observed that staff were busy, but people were responded to in a timely manner. We arrived early in the morning, and a number of people were already washed and dressed in the lounge and were drinking a hot drink and offered some toast whilst the cook prepared the main breakfast. People told us they had chosen to rise at that time. Other people were still in bed and we observed they chose to get up later in the morning.

We discussed staffing levels with the registered manager and checked staff rotas for the last four weeks. The registered manager explained that a number of staff had recently left the service. She explained that shifts were covered by existing staff and we saw that she was in the process of recruiting to the vacancies. We checked the staff rotas and could see that the normal staffing levels were three staff on each shift during the day and that these levels had been met on the majority of days in the last four weeks. The registered manager told us, "No one does double shifts and we prefer not to use agency".

Staff told us that when there were three staff on shift that staffing levels were ok, but it was more of a struggle on days when only two staff were available. However, they told us despite this, they were able to meet people's needs. One member of staff said, "People have left, but we have found staff to cover, we've had to do more shifts but we don't do double shifts. We try our best and residents welfare always comes first", and another member of staff said, "It's hard work but I feel supported and I could go to [registered manager's name] if I need to. It's a lovely little home".

Staff confirmed the registered manager worked Monday to Friday and was contactable via a mobile number if there was an emergency.

One of the concerns raised referred to inappropriate manual handling procedures being used in the home. We observed that people were supported safely. Staff were aware of the risks to people with regard to their mobility and how to support them safely. A member of staff said, "[Person's name] sometimes their mobility is very good and other days it's not. Sometimes it's just safer to support them with two people". Staff spoken with were able to describe to us how they supported people safely and what they told us was reflected in people's care records. For example, for those people who required hoisting, staff were aware of what size sling to use. We observed a person being hoisted and this was done safely by two staff, who offered

reassurance to the person they were hoisting during the whole procedure.

At our last inspection, we raised some concerns regarding the administration and storage of medication in the home. We saw that some improvements had been made in this area, for example, regular temperatures were being taken in the areas where medication was being stored and protocols for some 'as required' medications were in place. However, some 'as required' protocols [for pain relief] were missing and in three of the four Medication Administration Charts (MAR) we looked at, what was administered to people did not match with what had been recorded as administered on the MAR. People spoken with told us they received their medication as prescribed and they had no concerns regarding this. These recording errors meant that the registered manager was unable to evidence whether these people had received their medication as prescribed. We also noted that medication audits had failed to identify these errors.

People told us they felt safe in the home. One person told us, "I feel safe, the girls [care staff] know how to look after me" and another said, "I feel very safe, I'm very happy [living here] suits me very well". Relatives spoken with told us they felt their loved ones were safe in the home.

Is the service effective?

Our findings

We received concerns that people were being unlawfully restricted in the home and that staff were not aware of their legal responsibilities with regard to the Mental Capacity Act 2005 (MCA).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures of this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us staff obtained their consent prior to supporting them and we observed this. A relative said, "They [staff] do get [relative's] consent and give choices. They do ask them, 'what do you want'. They are very friendly and respectful". A member of staff told us, "I give people a choice, I'll say, 'would you like to wear this?'" and another member of staff commented, "We work in their home, we want to make sure people are happy".

We observed people moving freely about the home, without restriction and for those who needed it, with support. Visiting professionals and relatives all agreed with these observations. One visitor told us, "I think it's [the care] fine. People aren't restricted, they move around. I've been coming here for years and I've never seen anything bad".

We saw that information was freely available to staff in different formats, to assist their learning and understanding of the MCA and DoLS and that staff had received training in the subject. We saw that the registered manager had made applications to the Local Authority for authorisation of DoLS for a number of people living in the home. Some staff required prompting on the subject when discussing DoLS, but all gave a good account of describing how they would obtain people's consent prior to supporting them and we saw evidence of this. However, we saw that for one person who was cared for in bed and had bed rails were in place, a DoLSs application had not been considered. We raised this with the registered manager, who told us this was an oversight and would immediately be rectified.

Another of the concerns brought to our attention was that staff did not benefit from an induction that prepared them for their role. We spoke with staff who had recently completed their induction in the home. They told us that the induction they received prepared them for their role and consisted of working alongside staff for two shifts [morning and evening] and going through policies and procedures and being introduced to people. One member of staff told us, "I shadowed another carer, and they showed me [person's name] routine and my practice was observed. I was ok after two shifts; I've worked in care before. I love it here, I get on great with staff and residents are absolutely lovely and you get good support from staff, deputy and the manager, they are always around". The registered manager told us, "Part of working on different shifts [during induction] means staff can impart particular information about people". Staff spoken

with confirmed this and told us their induction provided them with the information they required.

We saw that staff had access to people's care records which provided them with the information they required to meet their needs effectively. Staff confirmed that if they required any additional information, they were guided to refer to a senior member of staff. A senior member of staff confirmed this and told us, "I do observed practice and all personal care is observed by a member of staff on shift".

People told us they were happy with the care they received. One person told us, "It's very, very nice and I couldn't ask for nicer people". A relative said, "They [staff] go beyond being a care home the way they look after people when they're not well" and a visiting healthcare professional complimented the home and the skills and abilities of staff to meet people's needs. They told us, "I've no concerns. They [staff] always follow guidance. As soon as staff see something they respond to it".